HUSKY Behavioral Health Carve-Out

Coverage and Coordination of Medical and Behavioral Services

DEPARTMENT OF SOCIAL SERVICES
DEPARTMENT OF CHILDREN AND FAMILIES

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Contents

Introduction

The purpose of this document is to outline the policies according to which the HUSKY MCOs and the Connecticut Community KidCare program ("KidCare") will share responsibility for providing covered services to HUSKY A and B enrollees after HUSKY behavioral health benefits are carved out and administered under a contract with the Connecticut Community KidCare Administrative Service Organization ("KidCare ASO"). After the carve-out, the Managed Care Organizations that participate in HUSKY A and B ("HUSKY MCOs") will be responsible for providing services for medical conditions and KidCare will be responsible for providing services for behavioral health conditions. The KidCare ASO will provide member services, provider relations services, utilization management, intensive care management, quality management and other management services to facilitate the provision of timely, effective, and coordinated services under KidCare. The KidCare ASO will not be responsible for contracting with providers or maintaining a provider network. Behavioral health providers will be required to enroll in the Department of Social Services' Connecticut Medical Assistance Program Network (CMAP). With the exception of DCF funded residential services, claims will be processed by the Department of Social Services' Medicaid vendor, Electronic Data Systems (EDS). Grant funded providers (emergency mobile psychiatric services, care coordination) will not be expected to enroll in CMAP.

This document is intended to summarize the coverage responsibilities and coordination responsibilities for each of the major service areas as established by the HUSKY BH carve-out transition planning workgroup. In addition to this document, which is intended for use as an amendment or attachment to the ASO and MCO contracts, each of the HUSKY MCOs will develop a coordination agreement with the KidCare ASO. The coordination agreements will further elaborate the coordination protocols with special attention to the areas noted below and to the key contacts and workflows particular to each MCO. Participants in the carve-out transition planning workgroup are listed in Table 1.

Table 1.

Name	**Organization**
Lois Berkowitz	Anthem
Sue Cannings	Anthem
Christine Cappiello	Anthem
Denise Consiglio	Anthem
Gail DiGioia	Anthem
Elizabeth Fortier-Lyman	Anthem
Myrka Laffite-Guillian	Anthem
Elizabeth Malko, M.D.	Anthem
Betty Nanna	Anthem
Shirley Salamone	Anthem

Jeanna Sinisgalli	Anthem
Paula Smyth	Anthem
Lynn Childs	CHN
Kevin Colvin	CHN
Sylvia Kelly	CHN
Mark Scapellati	CHN
Karen Andersson	DCF
Stacey Gerber	DCF
Timothy Bowles	DSS
Rose Ciarcia	DSS
Teddi Creel	DSS
Barbara Fletcher	DSS
Mark Schaefer	DSS
Lee VanderBaan	DSS
Jim Gaito	FirstChoice
Michael Hilton	FirstChoice
Joanna Panzo	FirstChoice
Elaine Bernier	HealthNet
Colleen Chesney	HealthNet
John Harper, M.D.	HealthNet
Janice Perkins	HealthNet
Maggie Taylor	HealthNet
Susan Halpin	Robinson & Cole
Candice Nardini	ValueOptions
Linda Pierce	ValueOptions

Ancillary Services

HUSKY MCOs will retain responsibility for all ancillary services such as laboratory, radiology, and medical equipment, devices and supplies regardless of diagnosis. However, laboratory costs for methadone chemistry (quantitative analysis) will be covered under KidCare when they are part of the bundled reimbursement for methadone maintenance providers. The HUSKY MCOs may track and trend laboratory utilization as part of coordination with the KidCare ASO. In addition, the MCOs will address any increases in the utilization trend with The Department of Social Services.

Co-Occurring Medical and Behavioral Health Conditions – Screening, Referral, and Coordination

The HUSKY MCOs currently have programs and procedures designed to support the identification of untreated behavioral health disorders in medical patients at risk for such disorders. Such procedures may be carried out by medical service providers or by the MCO through the utilization management, case management and quality management processes. The MCOs will be expected to continue such activities in order to foster early and effective treatment of behavioral health disorders, including those disorders that could affect compliance with and the effectiveness of medical interventions.

Both the HUSKY MCOs and KidCare ASO will be required to communicate and coordinate as necessary to ensure the effective coordination of medical and behavioral health benefits. The HUSKY MCOs will contact the KidCare ASO when co-management is indicated, such as for persons with special physical health and behavioral health needs; will respond to inquiries by the KidCare ASO regarding the presence of medical co-morbidities; and will coordinate with the KidCare ASO when invited to do so. Conversely, the KidCare ASO will contact the HUSKY MCOs when co-management is indicated; will respond to inquiries by the HUSKY MCOs regarding the presence of behavioral co-morbidities; and will coordinate with the HUSKY MCOs when invited to do so.

Both the KidCare ASO and the MCOs will assign key contacts in order to facilitate timely coordination. In addition, it is anticipated that the KidCare ASO's intensive care management department will be able to accept warm-line transfers as necessary from the HUSKY MCO case management departments to facilitate timely co-management.

The KidCare ASO will convene Medical/Behavioral Co-Management meetings at least once a month with each HUSKY MCO. The frequency of the meetings will be by agreement between the KidCare ASO and each HUSKY MCO. The purpose of the meeting will be to ensure appropriate management of clients with co-occurring medical and behavioral health conditions. Cases discussed between KidCare ASO and the MCO will include all levels of behavioral health and medical care. Furthermore, the KidCare ASO and the HUSKY MCOs shall provide reports in advance of the meetings on the cases to be reviewed.

The HUSKY MCOs and KidCare ASO will from time to time make a determination as to whether a client's medical or behavioral health condition is primary. If there is a conflicting determination as to whether medical or behavioral health is primary, the respective medical directors will work together toward a timely and mutually agreeable resolution. At the request of either party, the Department of Social Services will make a determination as to the whether medical or behavioral health is primary and that determination shall be binding.

Freestanding Medical/Primary Care Clinics

The HUSKY MCOs will be responsible for primary care and other medical services provided by freestanding primary care/medical clinics regardless of diagnosis except for behavioral health evaluation and treatment services billed under CPT codes 90801-90806, 90862, 90853, 90846, 90847, and 90862 when provided by a behavioral health professional.

Home Health Services

HUSKY MCOs and KidCare will share responsibility for covering home health services. The coordination agreements will include language that details procedures for resolving coverage responsibility issues. Home health coordination will be based on the following guidelines:

The HUSKY MCOs will be responsible for management and payment of claims when home health services are required for the treatment of medical diagnoses alone and when home health services are required to treat both medical and behavioral diagnoses, but the medical diagnosis is primary. If the individual's behavioral health treatment needs cannot be safely and effectively managed by the medical nurse and/or aide, the home care agency will be required to provide psychiatric nursing and/or aide services separately authorized and paid for under KidCare.

KidCare will be responsible for management and payment of claims when home health services are required for the treatment of behavioral diagnoses alone (ICD 9: 291-316) and when home health services are required to treat both medical and behavioral diagnoses, but the behavioral diagnosis is primary. If the individual's medical treatment needs cannot be safely and effectively managed by the psychiatric nurse and/or aide, then the home care agency will be required to provide medical nursing and/or aide services separately authorized and paid for by the HUSKY MCOs.

The following table summarizes this policy:

HUSKY MCOs	KidCare ASO
Medical diagnosis only	Behavioral diagnosis only
Medical and behavioral diagnoses, Med primary	Behavioral and medical diagnoses, Behavioral primary
Medical component only, when medical and behavioral diagnoses are present and behavioral health needs cannot be effectively managed by the medical nurse and/or aide.	Behavioral component only, when behavioral and medical diagnoses are present and medical needs cannot be effectively managed by the medical nurse and/or aide.

In addition, HUSKY MCOs will manage and pay claims for home health physical therapy, occupational therapy, and speech therapy services regardless of diagnosis.

When physical therapy, occupational therapy, and speech therapy services occur alongside home health behavioral health services, the home health care agency will be required to get authorization from and submit claims to the both the HUSKY MCO and KidCare.

The above policy will require that providers and management entities make decisions as to whether a medical or behavioral diagnosis is primary. This determination should be based on which diagnosis is the principal focus of the services — typically the one that requires the most time and/or expertise. A rebuttable presumption shall be made that the primary diagnosis is psychiatric if a psychiatrist makes the referral. The following examples should help in determining the issue of primary diagnosis:

- In general, if a recipient is receiving home health behavioral health services and at some point requires home health services for a medical condition, the behavioral health diagnosis remains primary if the medical treatment needs can be safely and effectively managed by the nurse that is providing the behavioral health services. If the medical condition requires treatment by a medical nurse, and the medical nurse is able to safely assume responsibility for the behavioral condition, then the medical diagnosis becomes primary.

- Similarly, if a recipient is receiving home health medical services and at some point requires home health behavioral services for a behavioral condition, the medical diagnosis remains primary if the behavioral health treatment needs can be safely and effectively managed by the nurse that is providing the medical services. If the behavioral condition requires treatment by a psychiatric nurse, and the psychiatric nurse is able to safely assume responsibility for the medical condition, then the behavioral diagnosis becomes primary.

If, at some point, separate nurses or aides are required to provide the behavioral and medical services, then the nurse and/or aide treating the medical condition must obtain authorization and payment from the HUSKY MCO and the nurse and/or aide treating the behavioral health condition must obtain authorization and payment under KidCare.

In some cases, a recipient will not require treatment for both a medical and behavioral condition at every visit. For example, a recipient may require two visits per day for his or her medical condition, but only one visit per day for the behavioral health condition. In this case, the medical condition ought to be billed as primary for both visits. Conversely, if a recipient requires two visits per day for his or her behavioral condition, but only one visit per day for the medical condition, the behavioral condition ought to be billed as primary for both visits.

Finally, the primary reason for a visit may change from medical to behavioral or visa versa in the course of home health treatment. If this change occurs at the time of re-authorization, the home health care agency should pursue a new authorization from the entity with responsibility for the new condition for which home health care is required. If the change in primary diagnosis occurs during an authorized episode of care, the home

health care agency should discontinue services under the preceding authorization and pursue a new authorization from the entity with responsibility for the services going forward. If the HUSKY MCO reviews a request for authorization and believes that the primary has changed from medical to behavioral health, the MCO should direct the home care agency to pursue authorization through the KidCare ASO. The converse is also true. If the primary is not apparent, the clinical reviewers from the KidCare ASO and the MCO should confer and come to agreement.

Data provided by the HUSKY MCOs suggests that there are a modest number of clients with diagnoses of autism or mental retardation receiving home health services and that more than half of these clients have mixed diagnoses that could complicate management and billing. KidCare will be responsible for the management and payment of claims when home health services are required for the treatment of autism, whether on its own or secondary to mental retardation. HUSKY MCOs will retain responsibility for mental retardation alone. KidCare will also be responsible for management and payment of claims when home health services are required for the treatment of both autism and medical disorders, when the medical disorder can be safely and effectively managed by the psychiatric nurse and/or aide. If the individual's medical treatment needs are so significant that they cannot be safely and effectively managed by the psychiatric nurse and/or aide, then the home care agency will be required to provide medical nursing and/or aide services separately authorized and paid for by the HUSKY MCOs.

All home health care agencies operating in Connecticut are enrolled in the Connecticut Medical Assistance Program (CMAP) network and may, at their discretion, provide behavioral health home health services to HUSKY recipients. In contrast, the HUSKY MCOs may contract with only a subset of the CMAP providers. This means that there may be times when a client is in treatment for a behavioral health condition with a CMAP provider that is not participating with a HUSKY MCO. If this client develops a co-occurring medical disorder that is secondary and can be managed by the psychiatric home care nurse, KidCare will continue to be responsible for management and payment of claims. If, however, the patient's medical disorder becomes primary and thus the responsibility of the HUSKY MCO, the HUSKY MCO can elect to continue to use the home care provider as an out of network provider, or the HUSKY MCO can, at its discretion, transition the care to a participating home care provider. The client's best interest will be a factor in this determination. The MCOs and KidCare ASO will be expected to create coordination agreements to expedite the proper handling of such cases.

Hospital Emergency Department

HUSKY MCOs will assume responsibility for all emergency department services and all associated charges, regardless of diagnosis. The HUSKY MCOs and the Department will implement audit procedures to ensure that hospitals do not bill HUSKY MCOs for emergency department services when patients are admitted to the hospital and behavioral health is primary. The HUSKY MCOs may track and trend Emergency Department utilization for behavioral health. The MCOs will address any increase in the utilization trend with the Departments.

Hospital Inpatient Services

In order to assure appropriate coordination and communication, the coordination agreements will include specific language detailing processes and procedures for concurrent communication and the process for handling co-occurring medical and behavioral health hospital inpatient conditions. In addition, the agreements will include specific language on the procedures for resolving coverage related issues when the ASO and MCOs disagree. Coordination will be based on the following guidelines:

Psychiatric Hospitals

KidCare will be responsible for all psychiatric hospital services and all associated charges billed by a psychiatric hospital, regardless of diagnosis. The rate is all-inclusive so there will be no reimbursement for professional services rendered by community-based consulting physicians.

General Hospitals

HUSKY MCOs and KidCare will share responsibility for covering inpatient general hospital services. The HUSKY MCOs will be responsible for management and payment of claims for inpatient general hospital services when the medical diagnosis is primary. Medical would be considered primary when the billed RCC and the primary diagnosis are both medical.

During a medical stay, KidCare will be responsible for professional services associated with behavioral health diagnoses. The admitting physician will be responsible for coordinating medical orders for any necessary behavioral health services with the KidCare ASO. Other ancillary charges associated with non-primary behavioral health diagnoses shall remain the responsibility of the HUSKY MCOs, as described in the ancillary services section of this document.

KidCare will be responsible for management and payment of claims for inpatient general hospital services when the behavioral diagnosis is primary. The behavioral diagnosis will be considered primary when the billed RCC and the primary diagnosis are both behavioral or when the billed RCC is medical, but the primary diagnosis on the claim form is behavioral. During a behavioral stay, the HUSKY MCOs will be responsible for professional services and other charges associated with primary medical diagnoses.

When an admission to a general hospital is initially medical, but the reason for continued admission becomes behavioral, responsibility for management and payment of claims will transition to KidCare. When the hospital admission is no longer medically necessary for the medical diagnosis, the HUSKY MCO ceases to be responsible for management and payment.

The following table summarizes this policy:

Inpatient Payment for Primary Diagnosis				Professional Services Paid for Secondary Diagnosis		
Inpatient Type	Revenue Codes	Diagnosis	Assignment	HCPCS	Diagnosis	Assignment
General Hospital	BH	BH	KIDCARE	BH	BH	KIDCARE
General Hospital	BH	BH	KIDCARE	Med	Med	MCO
General Hospital	Med	BH	KIDCARE	BH	BH	KIDCARE
General Hospital	Med	BH	KIDCARE	Med	Med	MCO
General Hospital	Med	Med	MCO	Med	Med	MCO
General Hospital	Med	Med	MCO	BH	BH	KIDCARE

Hospital Outpatient Clinic Services

KidCare will be responsible for all outpatient psychiatric clinic, intensive outpatient, extended day treatment, and partial hospitalization services provided by general and psychiatric hospitals for the evaluation and treatment of behavioral health disorders. KidCare will also cover evaluation and treatment services related to a non-behavioral health diagnosis if the billing code is psychiatric as outlined in the covered services grid.

The HUSKY MCOs will be responsible for all primary care and other medical services provided by hospital medical clinics regardless of diagnosis including all medical specialty services and all ancillary services.

HUSKY Plus Behavioral

HUSKY Plus Behavioral services (intensive in-home psychiatric services) will be included in the HUSKY B benefit package. The ASO will manage access to these services under the carve-out.

Long Term Care

The HUSKY MCOs will be responsible for all long term care services (i.e., nursing homes, chronic disease hospitals) regardless of diagnosis. These services are seldom required for the treatment of clients with primary behavioral health disorders under the HUSKY program. The admission of a client with a primary behavioral health disorder must be by mutual agreement of the KidCare ASO and the HUSKY MCO in which the client is enrolled.

DSS currently exempts any long term care client from managed care the first of the month in which the client's stay exceeds 90 days. DSS will consider early exemption for clients with a primary behavioral health diagnosis if DSS were provided with adequate notice when such clients are admitted to long term care.

Member Services

The KidCare ASO will have its own member services department with a dedicated toll free member services phone number. The member services staff will provide non-clinical information to recipients and when appropriate provide immediate access to clinical staff for care related assistance. The member services staff will respond to all calls directed to the member services line and it is expected will have the ability to accept warm-line transfers from the HUSKY MCOs. The HUSKY MCOs will replace references to existing BH subcontractors on member materials with the new KidCare ASO name and member services phone number, wherever such references occur. Branch logic for the DSS' 1-877-HUSKY number will be modified to incorporate the ASO member services line as a backup.

The MCOs will continue to conduct welcome calls to new members. At the time of the welcome call, the HUSKY MCO member services representative will provide the member with information on how to access the KidCare ASO.

HUSKY MCO member services departments will occasionally receive calls from members who are requesting BH services. In addition, BH issues may emerge in the course of a welcoming call. The member may screen positive for behavioral health issues and express an interest in discussing further or have clear behavioral health issues and need a referral. In either case, the member service representative can affect a warm-line transfer to the ASO member services department, take the member's information and fax or e-mail this information to the ASO for follow-up, or provide the member with the telephone number for the KidCare ASO.

If the client is in crisis, the MCO member services representative should follow the MCO's protocols for handling crisis calls. It is anticipated that the KidCare ASO will have the capacity to accept warm-line transfer of such crisis calls when, at the discretion of the MCO, such transfer is appropriate.

Mental Health Clinics

KidCare will be responsible for all Mental Health Clinic Services regardless of diagnosis including routine outpatient services and all diagnostic and treatment services billed as intensive outpatient treatment, extended day treatment, and partial hospitalization treatment. KidCare will also cover evaluation and treatment services related to a medical diagnosis such as psychological testing for a client with traumatic brain injury.

Methadone Maintenance

KidCare will be responsible for reimbursing methadone clinics for all methadone maintenance services provided to HUSKY enrollees, including but not limited to, the cost of the methadone and methadone chemistry (quantitative analysis). All methadone maintenance services are included in the Department's bundled rate with methadone

maintenance clinics. KidCare will not cover methadone chemistry (quantitative analysis, CPT 83840) when billed by an independent laboratory.

After the carve-out, the MCOs should discontinue processing claims for methadone chemistry (quantitative analysis) when billed by an independent laboratory with a BH diagnosis code. Methadone chemistry is sometimes billed for non-BH patients when methadone is used as a therapy, such as for the treatment of chronic pain. In these circumstances, these claims should be paid by the MCOs when accompanied by a non-BH diagnosis code.

Multi-Disciplinary Examinations

It is anticipated that the KidCare ASO will be responsible for covering behavioral health evaluation services (90801, 96610) as part of the DCF Multi-Disciplinary Examinations. However, changes under way in the network of Multi-Disciplinary Examination providers and methods of organizing and delivery the services may warrant further discussion of this issue.

Notice of Action

The HUSKY MCOs will be responsible for issuing notices of action for medical review decisions and the KidCare ASO will be responsible for issuing notices of action for behavioral health review decisions. The HUSKY MCOs will issue notices of action to the client and the provider, but will not issue a notice to the KidCare ASO. Similarly, the KidCare ASO will issue notices of action to the client and the provider, but will not issue a notice to the HUSKY MCO.

In preparation for a fair hearing, the Department of Social Services will work with the Department's contractor that issued the notice to prepare the Department's case. Typically, the ASO will not be involved in an MCO related fair hearing and the MCO will not be involved in an ASO related fair hearing. However, when a client has co-morbid medical and behavioral health conditions and the action affects both conditions, then both the MCO and the ASO may be involved in preparation for the fair hearing.

If a HUSKY MCO or one of its providers disagrees with a clinical management decision made by the KidCare ASO, the HUSKY MCO is encouraged to raise the issue with the ASO on behalf of the client and to resolve the issue informally prior to the scheduled fair hearing. The converse is also true. If the issue remains unresolved, DSS will review the issue with the HUSKY MCO and the ASO and make a determination as to whether DSS supports the decision of the contractor that issued the notice. If DSS supports the contractor that issued the notice, the matter will proceed to fair hearing.

The HUSKY MCOs may at times refer a client or provider to the KidCare ASO because the primary presenting condition is behavioral health rather than medical. The HUSKY MCO's determination that a condition is behavioral health rather than medical shall not

constitute grounds for issuing a notice of action. The converse is true for the KidCare ASO.

The HUSKY MCO may at times issue a notice of action for a prescription written by a CMAP enrolled behavioral health prescribing provider. In such instances, the HUSKY MCO will be expected to send notice of action to the client and to the prescribing provider. On a semi-annual basis, the Department or the KidCare ASO will make available to the HUSKY MCOs a file with contact information for CMAP enrolled prescribing providers for the purpose of issuing notices of action. If the prescribing provider is not on the provider file, the MCOs will solicit contact information from the KidCare ASO.

Operations

In order to support coordination and communication regarding operational issues such as claims payment, the Departments will host a monthly meeting with the KidCare ASO and the HUSKY MCOs.

Outreach

The HUSKY MCOs currently provide outreach to members to assist them with accessing necessary services. The MCOs will continue to provide outreach to members to assist them with accessing medical services. For example, they may reach out to members to connect them to a primary care provider or to ensure necessary follow-up after a medical hospitalization. If an MCO's outreach worker identifies a member with a behavioral health issue, the worker may, at the MCO's discretion, provide information to the member on how to access behavioral health services via the ASO or facilitate a direct referral.

The KidCare ASO will conduct extensive outreach focused on connecting clients to behavioral health care when clients are experiencing barriers to care. They will also make efforts to ensure a connection to care after discharge from a hospital or residential treatment center.

Pharmacy

The HUSKY MCOs will assume responsibility for all pharmacy services and all associated charges, regardless of diagnosis. However, methadone costs that are part of the bundled reimbursement for methadone maintenance providers will be covered under KidCare. Each HUSKY MCO maintains its own pharmacy program with distinct formularies, drug utilization review requirements, and prior authorization requirements. Under KidCare, the Departments will have contracts with prescribing behavioral health providers and these providers will be required to follow the pharmacy program requirements of the HUSKY MCO in which the member is enrolled as well as other applicable Medicaid program requirements. KidCare prescribing providers include psychiatrists, psychiatric nurses, freestanding behavioral health clinics, and hospitals.

DSS disseminates all policy transmittals and provider bulletins for CMAP providers through EDS. The ASO will not have a role in communications of this type. DSS will issue a provider bulletin to all enrolled prescribing providers prior to the carve-out date in order to apprise the providers of the pharmacy program requirements of each MCO and remind providers of the HUSKY program's temporary supply rules. DSS will require that providers adhere to each MCOs pharmacy program requirements and provide MCOs with any clinical information necessary to support requests for authorization or the preparation of clinical summaries for the purpose of fair hearings.

Subsequently, the MCOs must notify DSS of changes to its pharmacy program requirements. DSS will in turn use the provider bulletin process to notify CMAP providers of such changes within 30 days of the effective date. The Departments prefer that DSS manage such pharmacy program communications since it will have a complete and up-to-date file of enrolled prescribing providers. This new communication process should resolve some of the pharmacy program communication issues that currently exist in the HUSKY program. Specifically, among some HUSKY MCOs, certain providers such as freestanding behavioral health clinics are not included in routine pharmacy program communications issued by the MCO. Under the carve-out, all providers will be apprised of the requirements of all HUSKY MCOs.

It is anticipated that the initial provider bulletin pertaining to pharmacy will provide each MCO's web address where pharmacy program requirements are available. In some cases, an MCO's web based pharmacy program requirements may not be available to CMAP providers that are not enrolled with the MCO.

The KidCare ASO will fully cooperate with the MCOs and work closely with the MCOs to ensure compliance with the pharmacy programs of the individual MCOs. The KidCare ASO will work closely with the MCOs to monitor pharmacy utilization and, if necessary, cooperate with the MCOs in conducting targeted provider education or training related to prescribing. DSS will require that its prescribing providers participate in quality initiatives and targeted pharmacy education and training conducted by the HUSKY MCOs for the purpose of improving prescribing practices and/or adherence to pharmacy program requirements. If the HUSKY MCOs encounter a behavioral health provider who engages in persistent misconduct related to psychiatric prescribing, the matter should be referred to DSS for investigation.

The HUSKY MCOs may track and trend behavioral health pharmacy utilization and address any increase in the utilization trend with the Departments.

Primary Care Behavioral Health Services

The HUSKY MCOs will retain responsibility for all primary care services and all associated charges, regardless of diagnosis. These responsibilities include:

1. behavioral health related prevention and anticipatory guidance;

2. screening for behavioral health disorders;
3. treatment of behavioral health disorders that the primary care physician concludes can be safely and appropriately treated in a primary care setting;
4. management of psychotropic medications, when the primary care physician concludes it is safe and appropriate to do so, in conjunction with treatment by a KidCare non-medical behavioral health specialist when necessary; and
5. referral to a behavioral health specialist when the primary care physician concludes that it is safe and appropriate to do so.

The KidCare ASO will develop education and guidance for primary care physicians related to the provision of behavioral health services in primary care settings. At their discretion, the HUSKY MCOs can collaborate with the ASO in the development of education and guidance or they will be provided the opportunity to review and comment. The education and guidance will address PCP prescribing with support and guidance from the ASO or referring clinic, in circumstances when the PCP is comfortable with this responsibility. The KidCare ASO will make telephonic psychiatric consultation services available to primary care providers. Consultation may be initiated by any primary care provider that is seeking guidance on psychotropic prescribing for a HUSKY A, HUSKY B, or Voluntary Services enrollee.

To promote effective coordination and collaboration, the KidCare ASO will work with interested HUSKY MCOs and provider organizations to sponsor opportunities for joint training. HUSKY MCO policies and provider contracts must permit the provision of behavioral health services by primary care providers; however, the MCOs will not be expected to provide education and training to improve ability of primary care providers to provide these services.

The HUSKY MCOs may track and trend primary care behavioral health utilization. The MCOs will address any increase in the utilization trend with the Departments.

Quality Management

Joint quality management initiatives between the HUSKY MCOs and the KidCare ASO are under consideration.

Reports

The KidCare ASO will provide a weekly census report on all behavioral health inpatient cases identifying those with co-occurring medical and behavioral health conditions. In addition, the reports in Exhibit E of the RFP will also be made available to the MCOs.

The MCOs will provide reports related to behavioral health utilization in hospital emergency departments and in primary care settings.

Additional reporting requirements for the ASO and MCOs are under consideration.

School-Based Health Center Services

In general, KidCare will be responsible for reimbursing school-based health centers for behavioral health diagnostic and treatment services (CPT 90801-90806, 90853, 90846, and 90847) provided to students with a behavioral health diagnosis. The HUSKY MCOs will be responsible for primary care services provided by school-based health centers, regardless of diagnosis, but they will not be responsible for behavioral health assessment and treatment services billed under CPT codes 90801-90806, 90853, 90846, and 90847. The following narrative provides additional background and a rationale for this arrangement.

School-based health centers currently provide a range of general health and behavioral health services that are reimbursable under the HUSKY program. All of these school-based health centers are licensed by the Department of Public Health, either as freestanding outpatient clinics or as satellites under a hospital license. Under these licenses, clinics can provide general medical services as well as behavioral health services.

School-based health centers vary in their degree of expertise in the provision of behavioral health services. Some school-based health centers provide prevention and counseling for students with emotional or behavioral issues and bill for those services using general primary care prevention and counseling codes, often without a behavioral health diagnosis. Those primary care and preventive counseling services that are currently covered under the MCO contracts with individual School-Based Health Centers will continue to be the responsibility of the HUSKY MCOs.

Other school-based health centers have taken steps to develop their behavioral health services including relying on licensed behavioral health practitioners and/or affiliation agreements with local outpatient child psychiatric clinic that provide clinical staff, consultation, or oversight. If the school-based health center provides behavioral health diagnostic and treatment services, these services will be the responsibility of the KidCare ASO. The school-based health center must enroll as a CMAP provider in order to be reimbursed for those services under KidCare.

In some cases, the behavioral health component of the school-based health center's services is provided under the license of an outpatient child psychiatric clinic. In this case, the outpatient child psychiatric clinic will be enrolled as a CMAP provider and the services provided will be reimbursable as behavioral health clinic services under KidCare.

Transportation

All of the HUSKY MCOs will continue to provide transportation for HUSKY A enrollees with behavioral health disorders for behavioral health services that are covered under Medicaid. Specifically, the MCOs will continue to be responsible for transportation to hospitals, clinics, and independent professionals for routine outpatient,

extended day treatment, intensive outpatient, partial hospitalization and inpatient psychiatric services. The MCOs will also be responsible for services that might be covered under EPSDT. For example, case management services are not included in the Connecticut Medicaid state plan, but they are covered under EPSDT when medically necessary. Although case management does not necessarily require transportation to a facility, if transportation to a facility were necessary for a case management encounter, the MCOs would be responsible for providing it. These policies under KidCare are simply a continuation of current HUSKY A program policies.

The MCOs will not be responsible for transportation for non-Medicaid services such as respite, or DCF funded services that are designed to come to the client including care coordination, emergency mobile psychiatric services, home-based services, and therapeutic mentoring.

The transportation benefit for behavioral health visits will continue to be subject to the same policies and procedures applicable to other HUSKY A covered services. The Departments will issue a member services handbook that indicates that transportation services are covered for HUSKY A enrollees and that such services will be covered by the HUSKY MCO with which the member is enrolled. The handbook will indicate that the MCO specific transportation policies apply, that HUSKY MCO recipients should refer to their HUSKY member handbook for details, and arrange for transportation directly with their HUSKY MCO transportation broker.

The ASO will make referrals to the closest appropriate providers (typically 3 names will be given upon request) and avoid referrals to facilities and offices outside of a 25-30 mile radius unless circumstances require otherwise. The ASO is not required to review provider distance from the member when responding to requests for authorization. The transportation brokers will assess all requests for transportation when contacted by the member and It will be up to the transportation broker and the MCO to apply coverage limitations as appropriatewhen contacted by the member. In most cases, the transportation broker and/or the MCO will be able to make decisions about whether to authorize transportation to the non-closest provider or to a provider that is outside of the 25-30 mile radius by working directly with the member. However, the ASO will be required to respond to inquiries from the MCO or transportation broker if additional information is needed to support authorization of a transportation request.

The HUSKY MCOs will also retain responsibility for all Emergency Medical Transportation and associated charges, regardless of diagnosis. Responsibility for hospital-to-hospital ambulance transportation of members with a behavioral health condition is under discussion.

The KidCare ASO is expected to work closely with the MCOs to monitor transportation utilization and, if necessary, cooperate with the MCOs in conducting targeted provider education or training related to the appropriate use of transportation services. The HUSKY MCOs may track and trend utilization of transportation to behavioral health facilities. Any increases in the utilization trend will be addressed with the Departments.